

In re application of: Miroslav A. SIMO et al.

Customer No.: 42419

Serial No.: 10/723,611

Filed: 26 November 2003

For: MECHANICAL RELEASE OR TRIGGER DEVICE

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col.1)		(Col.2)	(Col.3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	30	MINUS	31	0
INDEP.	3	MINUS	5	2
FIRST PRESENTATION OF MULTIPLE DEPEND. CLAIM				

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450, on	
24 January 2005	
Signature	Date of Signature
<i>Kevin D. Erickson</i>	24 JAN 2005

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
RATE	ADD'L FEE		RATE	ADD'L FEE
x 25 =	\$		x 50 =	\$
x 100 =	\$200.00		x 200 =	\$
+ 180 =	\$		+ 360 =	\$
TOTAL ADD'L FEE	\$200.00	OR	TOTAL	\$

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is attached.
- ☒ A check in the amount of \$ 200.00 is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-3550. A duplicate copy of this sheet is attached.
- ☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims.
- ☐ Any patent application processing fees under 37 C.F.R. 1.17

Respectfully submitted,

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